



MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS CORPORATIONS, SECURITIES & COMMERCIAL LICENSING BUREAU CORPORATIONS DIVISION

APPLICATION TO REGISTER A LIMITED LIABILITY PARTNERSHIP

This application shall be open to inspection by the public

	rsuant to the provis imited Liability Part	ions of Act 72, Public Acts of 1917, as a nership	amended, the	e und	ersig	ned e	execu	te the	e follo	wing a	nd wi	II opei	ate as		
1.	. The name and principal office address of the partnership is:						Note: the name must contain the words "Limited Liability Partnership" or the abbreviation "L.L.P.", or "LLP" at the end of the name.								
2.	A brief statement of	of the business of the partnership:													
3.	TO BE COMPLETED BY FOREIGN LIMITED LIABILITY PARTNERSHIPS ONLY														
	b. Name of registe	eartnership if located outside Michigan: ered agent to receive service of process registered office in Michigan:													
	(Street Address)		(City)					_, Mic	higan		(ZIP	Code)			
4.	Federal Employer	Identification Number if available:			-										
5.	. AUTHORIZING SIGNATURES. This application has been executed by a majority in interest of the partners or by one or more individuals authorized by a majority in interest of the partners. If there are more than two signatures, use additional pages and attach to this application. Social Security Number (optional)														
							-			-					
		Signature			•	•	•		•	•	•	•			
							-			-					
		Signature			ļ	-		!		-		!			
	Date Received		FOR BURE	AU U	SE C	NLY									

This registration expires one year from the "filed" date.

CSCL/CD-800 (Rev. 09/21)	Name of person or organization remitting fees.							
Preparer's Name								
Business telephone number ()								

- This form must be used to register a Limited Liability Partnership.
- Since this document will be maintained on electronic format, it is important that the filing be legible.
 Documents with poor black and white contrast, or otherwise illegible, will be rejected.
- The registration fee is \$100.00. Make remittance payable to the State of Michigan.
- This application shall be open to inspection by the public.

Submit with check or money order by mail:

Michigan Department of Licensing and Regulatory Affairs Corporations, Securities & Commercial Licensing Bureau Corporations Division P.O. Box 30054 Lansing, MI 48909 To submit in person:

2407 N Grand River Ave Lansing, MI 48906 Telephone: (517) 241-6470

Fees may be paid by check, money order, VISA, MasterCard, American Express, or Discover when delivered in person to our office.

Documents that are endorsed filed are available at www.michigan.gov/corpentitysearch. If the submitted document is not fileable, the notice of refusal to file and document will be available at the Rejected Filings Search website at www.michigan.gov/corprejectedsearch.

LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.